



## *South Dakota Department of Human Services*

### **Annual Registration Form**

### **National Certification**

In accordance with SDCL 1-36A-10.3, an interpreter may not accept financial reimbursement for interpreting services provided unless the interpreter is certified and registered with the Department of Human Services.

The department shall renew the registration of any individual who has a national certificate if the interpreter meets the following requirements:

1. Submits a completed interpreter registration form provided by the department no later than the expiration date of the current certificate;
2. Submits documentation verifying continued eligibility on the national level (submit a copy of your current national certification card);
3. Submits the applicable fee of \$35.

#### **PERSONAL INFORMATION**

Name: \_\_\_\_\_  
*Last Name First Name Middle Name Maiden Name*

Street Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home/ Cell Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

#### **I UNDERSTAND:**

1. THAT PURSUANT TO SDCL 1-36A ANY INTERPRETER RECEIVING REMUNERATION MUST BE REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES AND UPON RECEIVING MY REGISTRATION THE DEPARTMENT WILL PROVIDE ME WITH A CERTIFICATION FOR THE STATE OF SOUTH DAKOTA
2. THAT WORKING WITHOUT A VALID SOUTH DAKOTA CERTIFICATE IS A VIOLATION OF SDCL 1-36A AND PUNISHABLE BY A CLASS 2 MISDEMEANOR

**Make check or money order payable to the Department of Human Services**

**Submit registration form, registration fee, and proof of continued eligibility on the national level by submitting a copy of your current national certification card to:**

**Julie Paluch  
Department of Human Services  
Hillsview Plaza, E. Hwy. 34  
c/o 500 East Capitol  
Pierre, South Dakota 57501-5070**

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*In the performance of my duties as an interpreter for the Deaf, I agree to abide by the laws of the State of South Dakota and to abide by the National NAD – RID Code of Professional Conduct, a code which all national certified interpreters must abide*

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**Signature**

**Date**

**YOUR APPLICATION WILL BE DENIED IF IT IS INCOMPLETE OR IF  
YOU DO NOT SEND THE REQUIRED INFORMATION, REGISTRATION FEE, AND  
COPY OF YOUR CURRENT NATIONAL CERTIFICATION CARD.**

**Annual Renewal can also be completed online at:  
<https://apps.sd.gov/DH25InterpreterOnlinePayment>**